

# Visionary School of Arts

## Registration Form

### Fall 2019

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(772) 283-4888

[Office@visionaryschoolofarts.com](mailto:Office@visionaryschoolofarts.com)  
[www.VisionarySchoolofARTS.com](http://www.VisionarySchoolofARTS.com)



- **General Policy: Fall 2019**
- **\$165 Show/Supply Fee (one-time fee. Non-refundable)**
- **\$900.00 Fall Class Fee (or -- 5 payments of \$180.00).**
- **\$25 Discount on Show/Supply Fee if paid prior to July 15<sup>th</sup> 2019**
- **\$10 Discount August 1st to 8<sup>th</sup>.**

**Visionary School of Arts is a Nonprofit 501C3 Organization**

Auto\_\_\_\_\_

(First Name)	Student's Name(s)	(Last Name)	(Date & Year of Birth)	(Age)	Grade
			/		

Parent/Guardian Name	(Last Name)	(First Name)
Marital Status	M D S W	Child Resides with: Mother Father Both Other:

Address	
City/Zip	
Home Phone	
Cell Phone	
*E-Mail	

Class Schedule: Select Fall Session 2019 Below.

**Ages 6 and up**

**NEW CLASS: MINIMUM of 5 students needed to open class.**

Students will be placed on a waiting list and if class does not fill up student will be placed in existing classes.

Homeschool class may be an option. **A minimum of 5 students to have a class.**

Monday	2:45 to 4:45 pm	5 to 7 pm
Monday		5 to 7 pm (Returning Interns) By Invitation Only
Tuesday	2:45 – 4:45 pm	5 to 7 pm
Wednesday Private Lessons by appointment only	1 single lesson \$65.00 per hr.	4 lesson series \$240.00 (Last appointment 5pm)
Wednesday <b>11 to 1 pm Home school class</b>		
Thursday (Ages 6-8)	<b>5 to 7pm(New Beginners)</b>	5 to 7 pm
Friday (Ages 6-8 Returning)	<b>4 to 6 pm</b>	5 to 7 pm

(Make-up classes by Appointment Only)

**Shows**

TBA

**PAYMENT POLICY: Non-Refundable.**

- Full Payment is preferred. (Total Tuition Fee \$900.00)
- Supply Show Fee \$165.00 Must be paid to hold place in class. **Initial** Non-Refundable.
- 5 Payments of \$180.00 (First Payment Due on 1<sup>st</sup> Day of Class). Classes Begin Monday August 12. Payments due by the week of the 18<sup>th</sup> of each month. September 18<sup>th</sup>, October 18<sup>th</sup>, November 18<sup>th</sup> and December 18<sup>th</sup> (Payment in full by December 18<sup>th</sup>).
- (No Exceptions).

Auto pay will be set up for credit cards on file on the 18<sup>th</sup> of each month.

**Initial** \_\_\_\_\_

**Payment Options:**

\_\_\_\_\_ Check (Posted Dated and Signed)

**OR**

\_\_\_\_\_ Credit Card ( \_\_\_ Am Exp. \_\_\_ Discover \_\_\_ MC \_\_\_ Visa)

Payment Received:		Auto
Date	Amount	Notes

Name on Credit Card	
Credit Card #	
Billing Address/Zip Code	Zip Code
Expiration Date	/ CVC #
<b>Signature</b>	

Credit Card Information will be saved on a secure Redfin/Vantiv website. We have been using them for over 7 years for your credit cards.

I understand all payments are non-refundable, due to pre-arranged contracts with teachers. By enrolling in Visionary School of Arts I agree to abide by all its policies. I understand that in case of emergency, if I am unable to be contacted, I give permission to Visionary School of Arts staff to authorize any emergency action necessary/ I/We as an individual or as a parent/guardian of the participants named herein, assume all risk and hazards incidental to the activities and release from responsibility and agree to indemnify and hold harmless Visionary School of Arts. This also applies in the case of an art class held off premises.

I understand that the basic supplies are included in the Supply Fees. Special ancillary supplies needed may include my/their own paint sale and brushes that will only be used by me or my child or special sized canvases, larger papers, or items for special projects. VSOA will notify me and give me the option to purchase these items individually. VSOA will also offer to shrink wrap some paintings for shows by individual quote. Competition Fees and framing are my responsibility as required.

**Parent(s) or Legal Guardian Signature**

**Date:** \_\_\_\_\_

<b>X</b>
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**Emergency Contact Information: (Someone other than parent or guardian):**

Name	
Relation to Student	
Home Phone	
Cell Phone	
Family Physician	
Family Physician Office Phone	
Allergies or Special Needs	
Health Insurance Policy	
Policy #	

**EMERGENCY CONSENT:**

It is the policy of Visionary School of Arts to notify a parent/guardian immediately when a child is ill or needs medical attention. In the unlikely event we cannot contact a parent and we need to get immediate help for the child. Our procedure is to provide necessary first aid to the child or take the child to the nearest emergency service. Please sign below so that we can take appropriate action on behalf of your child.

I HEREBY GIVE MY/OUR CONSENT FROM MY/OUR CHILD \_\_\_\_\_  
WHEN ILL/INJURED, TO RECEIVE FIRST AID OR TO BE TAKEN TO THE NEAREST  
EMERGENCY CENTER BY THE STAFF OF VISIONARY SCHOOL OF ARTS WHEN I/WE  
CANNOT BE CONTACTED. I CONSENT TO AN AMBULANCE BEING CALLED TO  
TRANSPORT MY/OUR CHILD. IF NECESSARY, I FURTHER AGREE TO PAY ALL COSTS  
INCURRED FOR TRANSPORT.

Parent(s) or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

X \_\_\_\_\_

\_\_\_\_\_

Marketing and release permission slip

I give Visionary School of Arts / Visionary Centers International permission to publish photographs of my child's art works and photos of my child for any and all marketing purposes. I release VSOA /VCI from all harm and liability for publishing these photos to social media, publications, website, marketing materials, videos and news media.

Print clearly)

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Parents or legal guardian's Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

VSOA Policy:

Every class will opened with a prayer by the teacher and positive words given by the students. VSOA does not allow violence, the occult or sexual content in the art created in our classroom. We prefer to have students leave cell phones in a basket at the front desk so they can create without distraction.

We encourage creativity as skills are learned with projects that students are expected to participate in as a class. If we notice a student drawing or painting something that does not uphold VSOA standards, we gently redirect and reward for cooperation. We ask that students be "teachable" and willing to learn new mediums, types of art and new approaches. There are times of full freedom in letting students choose their subject matter and medium. As students grow with us, we want students to develop their own style, using their own photography, with unique ideas and subject matter. Interns who have studied with us for 3 years or more often work independently on projects.

VSOA students are taught leadership, marketing, public presentation and utilizing art for multiple streams of income.

Parent volunteers are greatly appreciated for all events and shows. Please let us know if you can participate

## Giclee Student Pricing and Sales for Visionary School of Arts

Student profit margins of giclee sales

Student receives a check and a certificate of sale on retail prices ***only***

***If a parent orders they can choose to pay retail and the student will receive the check for the difference with a certificate of sale***

Prices do not include the one time \$25.00 photography and cloning fee

11 x 14 flat canvas / Wholesale \$25.00 Retail: \$39.00 Student Check: \$14.00

16 x 20 Flat Canvas / Wholesale \$50.00 Retail: \$69.00 Student Check: \$19.00

18 x 24 Flat Canvas /Wholesale \$85.00 Retail: \$107.00 Student Check: \$22.00

11 x 14 Gallery wrapped stretched canvas /ready to hang with wire

Wholesale: \$65.00 Retail: \$79.00 Student Check: \$19.00

16 x 20 Gallery wrapped stretched canvas /ready to hang with wire

Wholesale: \$80.00 Retail: \$110.00 Student Check: \$30.00

18 x 24 Gallery wrapped stretched canvas /ready to hang with wire

Wholesale: \$105.00 Retail: \$145.00 Student Check: \$40.00

24 x 30 Gallery wrapped stretched canvas /ready to hang with wire

Wholesale: \$159.00 Retail: \$220.00 Student Check \$61.00